

MARK

STATE OF MAINE

APPLICATION FOR REGISTRATION

Pursuant to 10 MRSA §1522, the undersigned hereby applies to the Secretary of State of Maine to register the following mark:

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

CAREFULLY READ ALL OF THE INSTRUCTIONS BEFORE YOU COMPLETE THIS FORM.

A. DATES OF FIRST USE: (to the best of the applicant's knowledge and belief)

1. Date of first use anywhere: _____

2. Date of first use in Maine by applicant or predecessor in business: _____

If predecessor, list name and address under which mark was last used:

B. 1. TEXT - list word(s) to be protected, if any (if none, so indicate):

2. FEATURES - describe in detail the design to be protected, if any (if none, so indicate):

C. TYPE OF MARK AND CLASS NUMBER: _____

D. DESCRIBE goods manufactured or sold **and/or** the service that is provided:

DESCRIBE manner in which mark is applied to the goods or used to promote their sale **and/or** the manner in which the mark is used in connection with the service:

☐ Attach additional pages, if necessary.

E. I, _____ believe
(Print/Type Name and Capacity)

(“Myself”, Firm, Association or Corporate Name)

to be the owner of the accompanying mark and that “no other person to the best of my knowledge and belief has the right to use the mark in this state as a mark or as a trade name or as a corporate name either in the identical form thereof or in such near resemblance thereto as to be likely, when applied to the goods or services of the other person, to cause confusion or to cause mistake or to deceive.” (10 MRSA §1522.2.D)

Signature of Applicant (Individual, Corporate or Association Officer)

(Mailing Address, City, State and Zip Code)

F. Applicant is a (an) ☐ individual ☐ general partnership ☐ limited partnership ☐ corporation
☐ association ☐ union ☐ other _____
(Explain)

If a corporation, limited partnership, limited liability company or limited liability partnership the jurisdiction (state) of incorporation/organization is _____ and the date of incorporation/organization in its jurisdiction is _____

G. Date of this application _____

You **MUST** submit **THREE** (3) samples of the **mark text and/or design** with this application. If the mark is to be protected in color, all the samples must be in the appropriate colors. **NOTE:** Samples may be 3 of the same item, i.e. business cards, letterhead, etc.

The execution of an application containing false statements that one does not believe to be true is punishable as a Class D crime according to the Maine Criminal Code, 17-A MSEA §453, “Unsworn Falsification”.

Please remit your payment made payable to the Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR REGISTRATION OF A MARK

Be sure to read Chapter 280 ([Rules for Marks Registered Under Title 10, Chapter 301-A](#)) for restrictions on what you can file and review the list of class numbers for marks (goods and services). The mark may consist of one or more words, or a design or a combination of both words and a design.

The proper fee for filing is **\$60.00** for one class **plus** \$10.00 for each additional class.

You **MUST** submit **THREE** (3) samples of the **mark text and/or design** with this application. If the mark is to be protected in color, all the samples must be in the appropriate colors. **NOTE:** Samples may be 3 of the same item, i.e. business cards, letterhead, etc.

THE FOLLOWING ARE ADDITIONAL INSTRUCTIONS FOR COMPLETING THE FORM.

A. DATES OF FIRST USE:

1. Even if exact date is unknown, please give at least a month or season along with the year. **(Date cannot be in the future)**
2. Date of first use in Maine, same as above. The date of first use in Maine can be the same as the date of first use anywhere, however, it can not be prior to the date of first use anywhere. If there was no predecessor, put N/A on the next line.

B. DESCRIPTION OF TEXT AND FEATURES

List the text and/or provide in your own choice of words a full description of any design or logo. The better your description is, the better your protection will be. **DO NOT** simply refer to the attached samples for either the text or the design.

C. TYPES OF MARKS:

Trademark - a mark applied to goods the applicant manufactures or sells.

Service Mark - a mark used in connection with the services the applicant provides.

Combined Service/Trademark - a mark applied to goods **and** used in connection with services provided by the applicant.

Certification Mark - a mark used by one or more persons other than the owners to certify the characteristics of goods and services provided by others.

Collective Mark - a mark used by members of a collective organization in connection with goods or services to indicate membership.

CLASS NUMBERS:

Classes 1-35 pertain to marks applied to goods manufactured or sold.

Classes 36-43 pertain to marks used in connection with services provided.

If you have a **combined service/trademark** you **must** choose at least two class numbers, at least one number from 1 to 35 and at least one number from 36 to 43.

D. MANNER OF USE:

Some examples of manner of use are: labels on the product, containers for the goods, business cards and newspaper ads for a particular service.

E. NAME, ADDRESS AND CAPACITY OF APPLICANT:

Type or print the name of the person signing. If the applicant is a corporation, the person signing must be an officer of the corporation and must provide a corporate title. If the applicant is a type of entity other than a corporation, the person signing must provide a capacity, which empowers him or her to sign on its behalf. The applicant must sign the application and add the mailing address, city, state and zip code.

F. TYPE OF APPLICANT:

Check the box that applies to you. If you check "other", be sure to explain who (what type of entity) the applicant is. If the applicant is a corporation, limited partnership, limited liability company or limited liability partnership, please add the state of incorporation/organization and the date of incorporation/organization.

G. DATE OF APPLICATION:

Provide the date (month, day and year) on which the application was completed and signed. The date the application was executed may be the same as the date of use anywhere and the date of use in Maine, however, it **cannot** be a date in the future.

PLEASE NOTE: This office does not give legal advice, however, a corporate examiner is always available to assist you in completing any of our forms.

Please remit your payment made payable to the Secretary of State.

**Submit the completed form to: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101
TEL. (207) 624-7740**